



INOVA HEALTH
SYSTEM

**INOVA FAIRFAX HOSPITAL AND
INOVA FAIRFAX HOSPITAL FOR CHILDREN**

MEDICAL RECORD COMPLETION STATEMENT FOR RESIDENTS

The IFH/IFHC Administration and Medical Staff recognize the importance of timely completion of medical records as one way of assuring quality patient care. Additionally, this is a requirement for hospital accreditation and is required for the hospital to bill and be reimbursed for its services.

Due to the importance of this matter, you are required to read the statement below and affix your signature indicating you understand and agree to the prescribed policy of the IFH/IFHC Medical Records Department.

Statement:

I understand the importance of complete medical records and agree to adhere to the policies of the IFH/IFHC Department of Medical Records as outlined below:

1. All medical records assigned to me will be completed, to the best of my ability, within 14 (fourteen) days.
2. I acknowledge that if medical records are assigned to me and are incomplete 14 (fourteen) days past patient discharge, my name will be placed on the Resident Suspension list at IFH/IFHC. If I am a Georgetown Resident, my name will be placed on their suspension list.
3. Deviation from the above will be reported to my Department Chair.

Print Name

Date

Signature

Inova Health System Quality Policy

***Quality is doing those things necessary to meet the needs and expectations of those we serve and doing those things right every time.
We will continuously improve the ways we do our work and strive to eliminate barriers to the improvement of quality.***